

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
JUN 28 2013
Bayfield Co. Zoning Dept

Permit #:	13-0192
Date:	7-17-13 ENTERED
Amount Paid:	\$75
Refund:	7-1-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		Cell Phone:	
Base Spinwick		78766 Washington Ave		Washburn WI, 54891		715-373-0337		715-292-4554	
Address of Property:		City/State/Zip:		Contractor Phone:		Plumber:		Plumber Phone:	
78766 Washington Ave		Washburn WI, 54891							
Contractor:		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Subdivision:	
S/2 NW 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
								Lot(s) No. Block(s) No.	
Section 20, Township 49 N, Range 4 W		Town of: Bayview		Lot Size		Acreage			
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If Yes—continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If Yes—continue →		Distance Structure is from Shoreline: feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$15,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	30'	45'	25'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X)	
	with Loft	() X)	
	with a Porch	() X)	
	with (2 nd) Porch	() X)	
	with a Deck	() X)	
	with (2 nd) Deck	() X)	
	with Attached Garage	() X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X)	
	Mobile Home (manufactured date)	() X)	
	Addition/Alteration (specify)	() X)	
	Accessory Building (specify)	() X)	
	Accessory Building Addition/Alteration (specify)	() X)	
	Special Use: (explain)	() X)	
	Conditional Use: (explain)	() X)	
	Other: (explain)	() X)	
Rec'd for issuance			
JUL 17 2013			

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the details and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

78766 Washington Ave Washburn, WI

Date 6/21/2013

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (4) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached Map

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	345 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	403.0 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	
Setback from the North Lot Line	380 Feet		
Setback from the South Lot Line	270 Feet	Setback from Wetland	
Setback from the West Lot Line	340 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	730 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	250 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)	370 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-0190		Permit Date: 7-17-13			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))				
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	Case #: N/A	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: Location of barn is represented by owner appears to be Code Compliant ok to issue Land Use Permit					
Date of Inspection:	7/10/2013	Inspected by:	Robert Seligman	Zoning District	(A1)
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)					
Not for Human habitation					
Signature of Inspector: [Signature]					
Held For Sanitary: <input type="checkbox"/>	Held For TBA: <input type="checkbox"/>	Held For Affidavit: <input type="checkbox"/>	Held For Fees: <input type="checkbox"/>	Date of Approval: 7/17/2013	

Wayfield County, WI



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)

7-8-13

SEE OTHER APP ATTACHED

Permit #:	13-0193
Date:	7-18-13
Amount Paid:	\$100 7-8-13
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Robert & Rita J. Olson	Mailing Address: 78185 SINGLER RD WASHBURN, WI 54891	City/State/Zip: Washburn, WI 54891	Telephone: 715 373-2641
Address of Property: 78185 SINGLER ROAD		Contractor Phone: Plumber:	Cell Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 2 Lot(s) CSM Vol & Page 431/2 Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume 431 Page(s) 2		PIN: (23 digits) 00-008 249 04 22 3 05 002 3000	
Section 22, Township 49 N, Range 04 W		Town of: Bayview	
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: feet	
<input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: feet	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$ 30,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>septic tank</u>		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length: 20	Width: 30	Height: 10
Proposed Construction:	Length: 25	Width: 18	Height: 10

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	(X)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Porch	(X)	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>	<input type="checkbox"/> Addition/Alteration (specify) <u>Sun Room</u>	(25 X 18)	450
<input checked="" type="checkbox"/> Municipal Use	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify)	(X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	<input type="checkbox"/> Rec'd for Issuance	(X)	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain)	(X)	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>	<input type="checkbox"/>	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Rita J. Olson Date 7/17/13
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below. Draw or sketch your property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE
ATTACHED

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 80-7232	# of bedrooms: 4	Sanitary Date: 10/21/84
Permit Denied (Date): N/A	Reason for Denial: N/A			
Permit #: 13-0193	Permit Date: 7-18-13			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	We're Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No
Inspection Record: OWNER (KEITH OLSON) PRESENT FOR INSPECTION.				
Date of Inspection: 7-15-13	Inspected by: Ken Condon Murphy			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)				
OWNER IS RESPONSIBLE FOR VOC PERMIT/INSPECTION IF APPLICABLE.				

Signature of Inspector:

Hold For Sanitary: ☐

Hold For DBA: ☐

Hold For Affidavit: ☐

Hold For Fees: ☐

Date of Approval: 7-18-13

